

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Physician Services Inc PAC; aka ACP Services PAC

ADDRESS (number and street) ▼

25 Massachusetts Ave

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20001-7401

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00403881

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr Richard L Trachtman Esq

Signature of Treasurer

Mr Richard L Trachtman Esq

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Physician Services Inc PAC; aka ACP Services PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 01 2011 To: M M / D D / Y Y Y Y Y Y
09 30 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		16627.96
(b) Cash on Hand at Beginning of Reporting Period.....	61143.99	
(c) Total Receipts (from Line 19)	3450.00	118037.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	64593.99	134664.96
7. Total Disbursements (from Line 31)	17172.68	87243.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47421.31	47421.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Physician Services Inc PAC; aka ACP Services PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2150.00	75361.00
(ii) Unitemized	1300.00	41676.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	3450.00	117037.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3450.00	117037.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3450.00	118037.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3450.00	118037.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	172.68	3243.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	172.68	3243.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	83500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17172.68	87243.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17172.68	87243.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3450.00	117037.00
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3450.00	116537.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	172.68	3243.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	172.68	3243.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Julie A Blehm MD FACP

Mailing Address 1962 E Rose Creek Pkwy S

City State Zip Code
 Fargo ND 58104-6837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 29 / 2011

Transaction ID : C1405780

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Andrew S Dunn MD FACP

Mailing Address 14 Golf Course Dr

City State Zip Code
 Montebello NY 10901-3949

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 19 / 2011

Transaction ID : C1365373

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Raminder S Gill MD FACP

Mailing Address 4150 V St

City State Zip Code
 Sacramento CA 95817-1460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univeristy of California

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2011

Transaction ID : C1362841

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Chrisoula Kiriazis MD

Mailing Address 14113 Harborwood Dr

City	State	Zip Code
Largo	FL	33774-2021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morton Plant Mease Primary CareOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	2		2	0	1	1		

Transaction ID : C1357595

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cranford LaVern Scott MD FACP

Mailing Address 468 S Bundy Dr

City	State	Zip Code
Los Angeles	CA	90049-4032

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLSMD, INCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	8		2	0	1	1		

Transaction ID : C1359337

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Banu E Symington MD FACP

Mailing Address 2497 Pole Line Rd E

City	State	Zip Code
Twin Falls	ID	83301-8166

FEC ID number of contributing
federal political committee.

C

Name of Employer
SLRMCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	6		2	0	1	1		

Transaction ID : C1392026

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Robert S Urban MD FACP

Mailing Address 6307 Calumet Rd

City

Amarillo

State

TX

Zip Code

79106-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Tech U HSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 25 / 2011

Transaction ID : C1391490

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul B Weinberg MD FACP

Mailing Address 631 Professional Dr
Ste 340

City

Lawrenceville

State

GA

Zip Code

30046-3367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gwinett Pulmonary Group

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 02 / 2011

Transaction ID : C1356679

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Michael A Zimmer MD FACP

Mailing Address 777 Cattail Ct NE

City

Saint Petersburg

State

FL

Zip Code

33703-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michael A Zimmer MD PLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 07 / 2011

Transaction ID : C1358241

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

2150.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American College of Physician Services Inc PAC; aka ACP Services PAC

Category/
Type

36.31

Category/
Type

State: District:

Amount of Each Disbursement this Period

Category/
Type

State: District:

172.68

172.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Blumenauer for CongressMailing Address 830 NE Holladay St
Ste 105

City Portland State OR Zip Code 97232-5105

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Earl Blumenauer

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

Transaction ID : D119545

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr MD for Congress

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Charles Boustany Jr.

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

Transaction ID : D119553

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Nan Hayworth

Mailing Address PO Box 188

City Carmel State NY Zip Code 10512-0188

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Nan Hayworth

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2011

Transaction ID : D119514

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3000.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Physician Services Inc PAC; aka ACP Services PAC

1000.00

09 / 26 / 2011

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Levin for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2011

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066-0037

Transaction ID : D119513

Purpose of Disbursement
Contribution to federal candidates

Amount of Each Disbursement this Period

Candidate Name

Rep. Sander M. Levin

Category/
Type

2000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Full Name (Last, First, Middle Initial)

B. Martin Heinrich for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2011

Mailing Address 2118 Central Ave SE

City	State	Zip Code
Albuquerque	NM	87106-4004

Transaction ID : D119677

Purpose of Disbursement
Contribution to federal candidates

Amount of Each Disbursement this Period

Candidate Name

Rep. Martin Heinrich

Category/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 01

Full Name (Last, First, Middle Initial)

C. Mary Bono Mack Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2011

Mailing Address PO Box 3370

City	State	Zip Code
Palm Springs	CA	92263-3370

Transaction ID : D119686

Purpose of Disbursement
Contribution to federal candidates

Amount of Each Disbursement this Period

Candidate Name

Rep. Mary Bono Mack

Category/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 45

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Menendez for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

Mailing Address 1 Gateway Ctr
Ste 520

City Newark State NJ Zip Code 07102-5323

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Sen. Robert Menendez

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 00

Transaction ID : D119951

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Nita Lowey for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2011

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605-0271

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Nita M. Lowey

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 18

Transaction ID : D119684

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scalise for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

Mailing Address PO Box 23219

City New Orleans State LA Zip Code 70183-0219

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Steve Scalise

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 01

Transaction ID : D119554

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Schakowsky for Congress

Mailing Address PO Box 5130

City
EvanstonState
ILZip Code
60204-5130Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Jan Schakowsky

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2011

Transaction ID : D119949

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Schwartz for Congress

Mailing Address PO Box 2232

City
JenkintownState
PAZip Code
19046-0832Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Allyson Y. Schwartz

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2011

Transaction ID : D119950

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Van Hollen for CongressMailing Address 10605 Concord St
Ste 202City
KensingtonState
MDZip Code
20895-2526Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Chris Van Hollen

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Transaction ID : D119544

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Wyden for Senate

Mailing Address 232 NE 9th Ave

City	State	Zip Code
Portland	OR	97232-2915

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Sen. Ron Wyden

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OR District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Transaction ID : D119552

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00

17000.00
